UPDATED REGISTRATION STATEMENT EMPLOYER OF EXECUTIVE AGENCY LOBBYIST

Commonwealth of Kentucky
EXECUTIVE BRANCH ETHICS COMMISSION
258 Capitol Annex
Frankfort, Kentucky 40601
(502) 564-7954 FAX (502) 564-2686

This statement must be filed with the Executive Branch Ethics Commission by the last day of July. Please read instructions and review KRS 11A.211, 11A.216, and 11A.221 prior to filing. There is no fee for this filing. Upon termination of this engagement, there is an affirmative duty to notify the Executive Branch Ethics Commission within thirty (30) days. <u>ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS IN VIOLATION OF STATE LAW AND SUBJECT TO FINES AND OTHER PENALTIES.</u>

A. GENERAL INFORMATION

1. 2.	Full Name of Employer:					
	Based on your Initial Registration Statement or last Updated Registration Statement state any changes in : Employer's Name:					
	Street		Suite #			
	City	State Zip)			
	Telephone	Fax No.	E-Mail Address			
	3.	Type of Report:				
		[] Regular Update Report for the period January 1 – June 30, 200 (due July 31)				
[] Amended Statement for the period of:						

		rist	Lobbyist Registration #		ation #
Name of Executive Agency Lobbyis	st	Termination Date	Engagemen Date		gistration # f known)
nsed on your Initial Registration Sta Iditions or deletions of Real Party(i		-	•		

5.

6.

(If no changes, check here [])

B. EXECUTIVE AGENCY DECISIONS

List the specific executive agency decisions which Executive Agency Lobbyists engaged by	you sought to
influence, during this reporting period	

C. EMPLOYER EXPENDITURES STATEMENT

During this reporting period, if you made expenditures to, or for the benefit of, an elected executive official, any Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or a member of the staff of any of these officials who works for a state agency for which you are registered to influence, <u>and such expenditures were not reported by an Executive Agency Lobbyist</u>, provide the following information regarding such expenditures:

(Attach additional sheet if necessary)

Name of Official, Employee or Staff Member of Official	Describe type of Expenditure (Transportation, Lodging, or Meals, etc.) and provide a description of each Meeting, Event or Occasion to which the Expenditure pertains.	Date of Expenditure	Amount of Expenditur e
			\$
			\$
			\$
			\$
		TOTAL	\$

(If none, check here [])

Any Employer of an Executive Agency Lobbyist who is required to complete Section C shall deliver a copy of the expenditure statement, or the portion showing the expenditures, to the person identified as receiving the benefit of the expenditure, at least ten (10) days before this statement is filed. If a dispute arises, the disputed expenditure does not have to be reported until a final decision by the Commission.

D. FINANCIAL TRANSACTIONS INVOLVING EMPLOYER OF EXECUTIVE AGENCY LOBBYIST

If you, or a member of your immediate family, had, during the reporting period, a financial transaction with, or for the benefit of, an elected executive official, the Secretary of a Cabinet listed in KRS 12.250, an executive agency official, or any member of the staff of any of the officials above, and such financial transaction is not reported by an Executive Agency Lobbyist, provide the following information regarding such financial transaction:

1.	Name of official, employee or staff member:
۷.	Brief description of the purpose and nature of the transaction:
3.	Date transaction made or entered into:
1 .	Other pertinent details:
	(Attach sheet for each additional official, employee, or staff member.)
	(If none, check here [])
	Any Employer of an Executive Agency Lobbyist who is required to disclose a financial transaction described in this section shall deliver a copy of the financial transaction statement to the person identified in D above, at least ten (10) days before this statement is filed. If a dispute arises, the disputed financial transaction does not have to be reported until a final decision by the Commission.
CE	CRTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THE REGISTRATION STATEMENT IS COMPLETE AND ACCURATE.
BY	· ·
Sigi	nature of Employer Date

Type or print name and title of person signing for Employer